

Request for Extension of Time:

☐ Applicants respectfully request a ____ month extension of time to respond to the Office Action dated ____/____/____. Please charge Deposit Account 09-0465 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.

Deposit Account Authorization:

☐ Please charge Deposit Account No. 09-0465 in the amount of \$ 336.00, the Additional Fee calculated above. A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0465. A duplicate copy of this sheet is enclosed.

☒ Any additional filing fees required under 37 C.F.R. §1.16.

☒ Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,

Date: November 25, 2003

By



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